

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL**

Section 3.23 Cultural Competence

- 3.23.1 Introduction**
- 3.23.2 References**
- 3.23.3 Scope**
- 3.23.4 Did you know...?**
- 3.23.5 Definitions**
- 3.23.6 Objective**
- 3.23.7 Procedures**
- 3.23.7-A. Required CLAS Standards**
- 3.23.7-B. Assessment and Service Planning Process**
- 3.23.7-C. Accessing Interpretation Services**
- 3.23.7-D. Laws Prohibiting Discrimination**

3.23.1 Introduction

In light of Arizona's rapidly changing demographics, the delivery of behavioral health services by competent providers to culturally, linguistically and racially diverse ethnic minority populations has become a priority. In 2003, ADHS/DBHS developed a Statewide Cultural Competency Plan to address Arizona's changing demographics, the needs of Arizona's culturally diverse population, and the needs of persons with limited English proficiency as well as those who are deaf and hard of hearing.

Representatives from the Arizona Department of Health Services, Division of Behavioral Health Services in conjunction with contracted Tribal and Regional Behavioral Health Authorities (T/RBHAs) and their subcontracted providers have established a Cultural Competency Advisory Committee that meets monthly to strategize, provide input and implement initiatives. The Cultural Competency Advisory Committee is further divided into three subcommittees: Training, Data and Translation/Interpretation that meet regularly to focus on specific issues.

The overall goal of ADHS/DBHS is to establish a model intake, assessment, service planning and service delivery system that is strength-based, family friendly, culturally sensitive and clinically sound and supervised. This goal can be accomplished through unbiased care and by valuing the role culture can play in a person's health and well-being.

3.23.2 References

The following citations can serve as additional resources for this content area:

[42 U.S.C. § 2000d et seq](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contract](#)

[ADHS/Gila River Health Care Corporation Intergovernmental Agreement](#)

[ADHS/Pascua Yaqui Behavioral Health Program Intergovernmental Agreement](#)

[Culturally and Linguistically Appropriate Services \(CLAS\) in Healthcare Standards](#)

[ADHS/DBHS Cultural Competence web page](#)

[Intake, Assessment and Service Planning Section](#)

Arizona Department of Health Services

Division of Behavioral Health Services

PROVIDER MANUAL

3.23.3 Scope

To whom does this apply?

All persons receiving behavioral health services.

3.23.4 Did you know...?

- ADHS/DBHS and RBHAs are required to implement an annual cultural competency plan and promote the development of cultural and linguistic competency within the behavioral health system.
- There are 14 Culturally and Linguistically Appropriate Services (CLAS) Standards; four of which (Standards 4, 5, 6 and 7) are federally mandated.
- Each RBHA has a cultural expert. These cultural experts as well as behavioral health recipients and representatives from the community serve on the Cultural Competency Advisory Committee and subcommittees.
- Title IV of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance.

3.23.5 Definitions

[Cultural Competence](#)

[Linguistic Competence](#)

[Limited English Proficiency](#)

3.23.6 Objective

To ensure the delivery of culturally and linguistically appropriate behavioral health services by competent providers that are respectful and responsive to cultural and linguistic needs.

3.23.7 Procedures

3.23.7-A. Required CLAS Standards

T/RBHAs and their subcontracted providers must:

- Offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each behavioral health recipient with Limited English Proficiency (LEP) at all points of contact, in a timely manner during all hours of operation;
- Provide both verbal offers and written notices informing behavioral health recipients of their right to receive language assistance services to behavioral health recipients in their preferred language;
- Assure the competence of language assistance provided to LEP persons by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services, except when requested by the behavioral health recipient; and

Arizona Department of Health Services

Division of Behavioral Health Services

PROVIDER MANUAL

- Make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area in a conspicuous public area such as a facility waiting room. Examples of translated agency signage for Spanish speaking persons may be obtained on the [ADHS/DBHS Cultural Competence web page](#).

[T/RBHAs insert additional information here]

3.23.7-B. Assessment and Service Planning Process

The assessment and service planning process described in Section 3.9, Intake, Assessment and Service Planning, includes the active solicitation of a person's cultural and linguistic preferences and needs. This includes the person's preferences about behavioral health services related to culture, faith, spiritual beliefs or other factors such as provider gender preference, utilization of alternative medicine or traditional healer, and sexual orientation.

Documentation in the Assessment and Service Plan must be made in English. However, collaboration with the enrolled person and the clinical team must be conducted in the person's preferred language.

3.23.7-C. Accessing Interpretation Services

Accessing interpretation services for persons with limited English proficiency

T/RBHAs and their subcontracted providers must make available written information in the enrolled person's language or information that is translated so the person can understand it. Oral interpreter services must be made available at no charge to AHCCCS eligible persons.

[T/RBHAs insert information, including contact information, here for accessing language interpretation services.]

Accessing interpretation services for the deaf and hard of hearing

T/RBHAs and their subcontracted providers must provide auxiliary aids or sign language interpreters that meet the needs of enrolled persons upon request, at no charge to the Title XIX/XXI behavioral health recipient. Auxiliary aids include computer-aided transcriptions, written materials, assistive listening devices or systems, closed and open captioning, and other effective methods of making aurally delivered materials available to persons with hearing loss.

The Arizona Commission for the Deaf and the Hard of Hearing provides a listing of qualified interpreters and complete rules and regulations regarding the profession of interpreters in the State of Arizona. (Arizona Commission for the Deaf and the Hard of Hearing: <http://www.acdhh.org> or (602) 542-3323 (V/TTY).)

[T/RBHAs insert additional information here for accessing interpretation services for the deaf and hard of hearing.]

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL**

3.23.7-D. Laws Prohibiting Discrimination

In general, anti-discrimination laws are designed to prohibit discrimination against persons who are handicapped. A handicapped person is a person who has a physical or mental impairment, which substantially limits one or more major life activities, has a record of such impairment or is regarded as having impairment. Discrimination occurs when providers exclude or deny services to handicapped persons based solely on that person's handicap. Discrimination also occurs if a provider offers services that are less effective, different or separate than what is provided to non-handicapped persons. In addition, providers are required to deliver services so that they are readily accessible to handicapped persons. This would include, for example, the redesign of equipment, reassignment of services to accessible buildings, home visits, providing services at alternative sites, alteration of existing facilities, construction of new facilities, or any other methods that result in making services accessible to handicapped persons. T/RBHAs and their subcontracted providers who employ less than fifteen persons and who cannot comply with the accessibility requirements without making significant changes to existing facilities may refer the handicapped person to other providers where the services are accessible. A T/RBHA or its subcontracted provider who employs fifteen or more persons is required to designate at least one person to coordinate its efforts to comply with federal regulations that govern anti-discrimination laws.

[T/RBHAs insert additional information here.]